

BEST AVAILABLE COPY

ISSUE SHEET STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|------------|--------------|----------------|
| FEE DETERMINATION | <i>Ph</i> | <i>67814</i> | <i>9/15/99</i> |
| O.I.P.E. CLASSIFIER | | <i>59229</i> | <i>9/21/99</i> |
| FORMALITY REVIEW | <i>Ann</i> | | <i>9/27/99</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 12 | ✓ |
| 13 | ✓ |
| 14 | ✓ |
| 15 | ✓ |
| 17 | ✓ |
| 18 | ✓ |
| 19 | ✓ |
| 20 | ✓ |
| 21 | ✓ |
| 22 | ✓ |
| 24 | ✓ |
| 25 | ✓ |
| 38 | ✓ |
| 39 | ✓ |
| 40 | ✓ |
| 41 | ✓ |
| 42 | ✓ |
| 43 | ✓ |
| 44 | ✓ |
| 45 | ✓ |
| 46 | ✓ |

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 59 | ✓ |
| 60 | ✓ |
| 61 | ✓ |
| 62 | ✓ |
| 63 | ✓ |
| 64 | ✓ |
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| 66 | ✓ |
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| 98 | ✓ |
| 99 | ✓ |
| 100 | ✓ |

| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)